

COLLIN COUNTY
PERSONNEL ACTION FORM

NAME: SELF REBECCA LYNN			DATE: 5-17-89
LAST FIRST MIDDLE			DEPARTMENT: Sheriff
SOCIAL SEC. NO.: 464-43-4128			

EMPLOYMENT	Employment Date: 5-22-89	Job Title: Data Entry Clerk (R3/A)		SALARY: \$1152.00
	Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave:	Insurance: (Medical) Self Dependents

Salary and/or title change	Current Job Title	Current Salary	Range	Step
	New Job Title	New Salary	Range	Step
Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit				

TRANSFER	FROM:	TO:	SICK LEAVE	Dates of Sick Leave:
	FROM:	TO:		Previous Days Sick Leave Taken This Year:
LEAVE OF ABSENCE Give Reason	DATE:	<input type="checkbox"/> Ins. Notified	Was Doctor's Statement Furnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
SEPARATION	Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid

- | | | |
|-----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Voluntary Retirement | <input type="checkbox"/> Return To School | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Mandatory Retirement. Co. Policy | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Reporting Under Influence of Alcohol |
| <input type="checkbox"/> Death | <input type="checkbox"/> Resignation For Other Reasons | <input type="checkbox"/> Drinking On Duty |
| <input type="checkbox"/> Illness or Injury | <input type="checkbox"/> Reduction In Force | <input type="checkbox"/> Destruction or Removal Of Co. Property |
| <input type="checkbox"/> Leaving Area | <input type="checkbox"/> Habitually Absent or Tardy | <input type="checkbox"/> Falsification of County Records |
| <input type="checkbox"/> Accept Other Job | <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Leaving Work Without Permission | <input type="checkbox"/> Other (Explain in comments) |

How Many Days Advance Notice Given?

COMMENTS:

Dated this 22nd day of May, 19 89

EFFECTIVE DATE: 5-22-89

COUNTY JUDGE

DATE

EMPLOYEE (IF APPLICABLE)

DATE

DEPARTMENT HEAD

DATE

PERSONNEL DIRECTOR

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